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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Application Number	09/1893,471
Filing Date	06/28/2001
First Named Inventor	Banerjee
Art Unit	36210
Examiner Name	Glass, Russell S
Attorney Docket Number	AI/SA-2021-0415/US

Please check only one of boxes 1 or 2 below:

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I request that the above-identified application be expressly abandoned as of the filing date of this paper.

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PTO/SB/21 (08-06)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/893,471
		Filing Date	08/28/2001
		First Named Inventor	Banerjee
		Art Unit	3626
		Examiner Name	Glass, Russell S.
Total Number of Pages in This Submission	2	Attorney Docket Number	AUS820010415US1

ENCLOSURES (Check off that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Andrea Fair Bryant		
Date	October 24, 2006	Reg. No.	28,191

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Typed or printed name	Andrea Fair Bryant	Date	October 24, 2006

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